

**MONTANA APPLICATION FOR  
ASBESTOS TRAINING COURSE APPROVAL**

\_\_\_\_\_  
(Applicant – Registered Business Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)                      (State)                      (Zip)

\_\_\_\_\_  
(Contact)                      (Telephone Number)

\_\_\_\_\_  
(Email Address)                      (Fax Number)

**DEQ USE ONLY**

Date Received \_\_\_\_\_  
Amount Received \_\_\_\_\_  
Receipt Number \_\_\_\_\_  
Check Number \_\_\_\_\_  
Date Approved \_\_\_\_\_  
Effective Date \_\_\_\_\_  
Evaluation Date \_\_\_\_\_  
Initials \_\_\_\_\_

ORG	ACCT	FUND
574836	502703	02202

**Course Director:** \_\_\_\_\_

**1. Title of Course**

(Please check one  
Occupation and one Course  
Type only)

Occupation		Course Type	
<input type="checkbox"/> Contractor/Supervisor	<input type="checkbox"/> Initial	<input type="checkbox"/> Refresher	
<input type="checkbox"/> Inspector	<input type="checkbox"/> Initial	<input type="checkbox"/> Refresher	
<input type="checkbox"/> Management Planner	<input type="checkbox"/> Initial	<input type="checkbox"/> Refresher	
<input type="checkbox"/> Project Designer	<input type="checkbox"/> Initial	<input type="checkbox"/> Refresher	
<input type="checkbox"/> Worker	<input type="checkbox"/> Initial	<input type="checkbox"/> Refresher	

**2. Type of Application:** (Please check appropriate box)

☐ Original Course Approval Fee: ..... \$1100.00

**3. Please provide the following:** (Please check if provided)

- ☐ 1. A detailed curriculum outline.
- ☐ 2. A copy of the course examination.
- ☐ 3. A copy of all written course materials.
- ☐ 4. A list of titles for all audio/visual course materials and, where possible, hard copy for all visual materials.
- ☐ 5. A copy of an unused or blank certification of satisfactory completion form.
- ☐ 6. A list of instructors and documentation of the instructor's qualifications, including accreditation number.
- ☐ 7. A description of hands-on training to be used in the course.
- ☐ 8. A course schedule indicating time allotted and the instructor for each subject.
- ☐ 9. Documentation of EPA course approval or other states approval, if applicable.
- ☐ 10. A listing of scheduled courses including dates, times, and locations. DEQ must be notified of course dates 10 working days prior to course offerings.
- ☐ 11. Documentation of examination security.

**MAIL TO:** Montana Department of Environmental Quality  
Waste & Underground Tank Management Bureau  
Asbestos Control Program  
1520 East 6th Ave  
P.O. Box 200901  
Helena MT 59620-0901

Telephone: (406) 444-5300

*The time estimated by the department to process and make a determination on a complete application for Asbestos Training Course Approval is 45 calendar days.*